

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Republican Party of Wisconsin

ADDRESS (number and street)

148 E. Johnson Street

☐Check if different
than previously
reported. (ACC)

Madison

WI

53703

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00074450

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Cathy Stepp

Signature of Treasurer

Electronically Filed by Cathy Stepp

Date

06

17

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Republican Party of Wisconsin

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		286935.52
(b) Cash on Hand at Beginning of Reporting Period	425869.57	
(c) Total Receipts (from Line 19)	77098.30	669555.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	502967.87	956491.28
7. Total Disbursements (from Line 31)	87151.18	540674.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	415816.69	415816.69
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5915.72	99818.13
(i) Itemized (use Schedule A)		
(ii) Unitemized	66077.42	410709.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	71993.14	510527.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	18091.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	76993.14	528618.71
12. Transfers From Affiliated/Other Party Committees	0.00	137703.90
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	105.16	3233.15
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	77098.30	669555.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77098.30	669555.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2553.08	18429.13
(ii) Non-Federal Share.....	6585.03	47409.04
(b) Other Federal Operating Expenditures.....	30209.45	189123.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	39347.56	254961.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	1764.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	120.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	120.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	47703.62	278829.14
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	47703.62	278829.14
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	87151.18	540674.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80566.15	493265.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	76993.14	528618.71
34. Total Contribution Refunds (from Line 28(d))	100.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76893.14	528498.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32762.53	207552.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	105.16	3233.15
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32657.37	204319.26

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Leland Barber

Mailing Address 1802 E. Marquette St

City

Appleton

State

WI

Zip Code

54911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.60792

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Harold Beals

Mailing Address 475 N. Hickory St.

City

Platteville

State

WI

Zip Code

53818

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.60215

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Beckman

Mailing Address 700 Forest Grove Circle

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beckman Ins. Agency

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.60720

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

James Bell

Mailing Address 6222 Fredericksburg Lane

City

Madison

State

WI

Zip Code

53718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faith Technologies

Occupation

Dir. of Natl Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.61559

Amount of Each Receipt this Period

300.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mary Buestrin

Mailing Address 13259 N. Lakewood Dr #3w

City

Megunon

State

WI

Zip Code

53097-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.60008

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

J.P. Cullen

Mailing Address PO Box 1957

City

Janesville

State

WI

Zip Code

53547

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.58893

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Ross Dean

Mailing Address 12600 N Port Washington Rd

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requested

Occupation

Information requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.59136

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Hertha Dederig

Mailing Address 2129 Illinois Ave

City

New Holstein

State

WI

Zip Code

53061

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.61562

Amount of Each Receipt this Period

100.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Joseph Ellis

Mailing Address 3205 N. Marietta Avenue

City

Milwaukee

State

WI

Zip Code

53211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.59733

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Todd Gallion

Mailing Address 2871 Crosshaven Ave.

City

Green Bay

State

WI

Zip Code

54313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prevea Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.61563

Amount of Each Receipt this Period

250.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Thomas Gould

Mailing Address 1906 E Shorewood Blvd

City

Milwaukee

State

WI

Zip Code

53211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requested

Occupation
Information requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.60917

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles Heide

Mailing Address 5825 Sixth Place

City

Kenosha

State

WI

Zip Code

53144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vesta, Inc

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.59898

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Kim Hendricks

Mailing Address 2353 N Parker Dr.

City

Janesville

State

WI

Zip Code

53545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requested

Occupation

Information requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.61566

Amount of Each Receipt this Period

5000.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Robert Hering

Mailing Address 484 Rainbow Beach Road

City

Neenah

State

WI

Zip Code

54956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.58322

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Allan Kieckhafer

Mailing Address 818 Crestview Dr

City

West Bend

State

WI

Zip Code

53095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.59144

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Daryl Kiedrowski

Mailing Address N72W16050 Good Hope Rd

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chrysler Corp

Occupation
Electrician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.61560

Amount of Each Receipt this Period

300.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Kathy Kiernan

Mailing Address 1751 Scenic Rd

City

Richfield

State

WI

Zip Code

53076-9604

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.61175

Amount of Each Receipt this Period

166.00

C.

Full Name (Last, First, Middle Initial)

Donald Kress

Mailing Address PO Box 11564

City

Green Bay

State

WI

Zip Code

54307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.59156

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

666.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Daniel Kunz

Mailing Address N2151 Sunset Ln

City

La Crosse

State

WI

Zip Code

54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.61564

Amount of Each Receipt this Period

10000.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Richard Larson

Mailing Address 4920 S Lowes Creek Rd

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larson CompaniesOccupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.61571

Amount of Each Receipt this Period

25.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Donald Linder

Mailing Address 619 Aber Dr

City

Waterford

State

WI

Zip Code

53185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwell AutomationOccupation
Design Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.61556

Amount of Each Receipt this Period

75.00

Best Efforts Compliance

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lindow

Mailing Address 969 Musky Ct

City

Medford

State

WI

Zip Code

54451-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Time Federal Savings Bank

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.61565

Amount of Each Receipt this Period

300.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Anne Marion

Mailing Address 801 Cherry Street, Unit 9

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oil, gas

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.61557

Amount of Each Receipt this Period

10000.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Robin Moore

Mailing Address 16175 Elderlawn Pkwy

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qwest Corp

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.61570

Amount of Each Receipt this Period

500.00

Best Efforts Compliance

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Gladys Muehl

Mailing Address 736 S 7th Ave

City

West Bend

State

WI

Zip Code

53095

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.61554

Amount of Each Receipt this Period

200.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Delos Nelson

Mailing Address 202 Mounth Washington Ave

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.61558

Amount of Each Receipt this Period

100.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mark Nelson

Mailing Address 14175 Golf Parkway

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.60887

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Dale Nordeen

Mailing Address 4206 Yuma Dr.

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.61348

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bonnie Obernberger

Mailing Address 5927 Quaker Hill Rd

City

Racine

State

WI

Zip Code

53406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Ins.

Occupation
Bookkeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.61363

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Harvey Pollack

Mailing Address 7700 W Bluemound Rd

City

Milwaukee

State

WI

Zip Code

53213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Land Title Services Inc.

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.61567

Amount of Each Receipt this Period

200.00

Best Efforts Compliance

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Jerry Reynolds

Mailing Address N56 W12546 Silver Spring Road

City

Menomonee Falls

State

WI

Zip Code

53051-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.59581

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Joseph Richardson

Mailing Address PO Box 185

City

Oostburg

State

WI

Zip Code

53070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richardson Brothers

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.60574

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Schlater

Mailing Address 2485 LeFey Ct

City

Brookfield

State

WI

Zip Code

53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Faith Technologies

Occupation

Electrical Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.61568

Amount of Each Receipt this Period

250.00

Best Efforts Compliance

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

David Schmitz

Mailing Address W7246 Sunset Ln

City

Spooner

State

WI

Zip Code

54801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Store Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.59873

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Brian Schroeder

Mailing Address 1947 Kettle Creek Dr

City

De Pere

State

WI

Zip Code

54115

FEC ID number of contributing
federal political committee.

C

Name of Employer
JSA, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.61569

Amount of Each Receipt this Period

1000.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ronald Teeter

Mailing Address 2428 County Rd Ab

City

Mc Farland

State

WI

Zip Code

53558-9771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.57689

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Norman Traeger

Mailing Address 701 White Ave

City

Beloit

State

WI

Zip Code

53511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Info Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.61347

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dennis Ullom

Mailing Address 675 Grupe St

City

Roberts

State

WI

Zip Code

54023

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Croix Tree

Occupation

Arborist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.61555

Amount of Each Receipt this Period

250.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

John Uttech

Mailing Address 724 Mary Knoll Lane

City

Watertown

State

WI

Zip Code

53098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.59539

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

James Vaughan

Mailing Address 12600 N Port Washington Rd

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.61108

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Timothy Wallace

Mailing Address 21155 Ann Rita Dr

City

Brookfield

State

WI

Zip Code

53045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great Lakes Pathologists

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.61572

Amount of Each Receipt this Period

500.00

Best Efforts Compliance

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

WI Department of Revenue

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.72

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.57968

Amount of Each Receipt this Period

219.72

SUBTOTAL of Receipts This Page (optional)

419.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Kenneth Williams

Mailing Address 7445 Meadow Bluff Farm

City

Egg Harbor

State

WI

Zip Code

54209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Storage

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.61561

Amount of Each Receipt this Period

1500.00

Best Efforts Compliance

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

John Yadgir

Mailing Address 3116 W Riverland Dr

City

Meguon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milwaukee Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.61042

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

5915.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Northwestern Mutual Federal

Mailing Address 720 E Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11C.61546

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
APC

Mailing Address 6470 East Johns Crossing Suite 100

City Duluth State GA Zip Code 30097

Purpose of Disbursement
Conference calls

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57613

Date of Disbursement

/ /

Amount of Each Disbursement this Period

174.75

B.

Full Name (Last, First, Middle Initial)
Aspect Consulting LLC

Mailing Address 414 N Livingston St #2

City Madison State WI Zip Code 53703

Purpose of Disbursement
Compliance consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2250.00

C.

Full Name (Last, First, Middle Initial)
Aspect Consulting LLC

Mailing Address 414 N Livingston St #2

City Madison State WI Zip Code 53703

Purpose of Disbursement
Compliance consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57605

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2250.00

SUBTOTAL of Disbursements This Page (optional)

4674.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) A to Z Rentall	Transaction ID: SB21B.57554 Date of Disbursement
Mailing Address 2209 S. Stoughton Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53716	Amount of Each Disbursement this Period
Purpose of Disbursement Equipment rental	<div>882.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Avicom Marketing	Transaction ID: SB21B.57556 Date of Disbursement
Mailing Address 2120 Pewaukee Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Waukesha State WI Zip Code 53188	Amount of Each Disbursement this Period
Purpose of Disbursement Award printing	<div>2290.11</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CD Inc.	Transaction ID: SB21B.57561 Date of Disbursement
Mailing Address PO Box 1877	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22313	Amount of Each Disbursement this Period
Purpose of Disbursement Internet google ads	<div>101.56</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3274.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Championship Awards</p> <p>Mailing Address 2813 Royal Avenue</p> <p>City Madison State WI Zip Code 53713</p> <p>Purpose of Disbursement Award printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.57562</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1059.91</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Choles Floral</p> <p>Mailing Address 1135 Regent Street</p> <p>City Madison State WI Zip Code 53715</p> <p>Purpose of Disbursement Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.57616</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>90.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Computers4Sure.com</p> <p>Mailing Address 6 Cambridge Dr</p> <p>City Trumbull State CT Zip Code 06611</p> <p>Purpose of Disbursement 5/27cc: labels</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.57660</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div>185.27</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

1149.91

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
Coppes Food Center

Mailing Address 3650 University Ave

City Madison State WI Zip Code 53705

Purpose of Disbursement
5/27cc: staff food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57662

Date of Disbursement

04 / 29 / 2009

Amount of Each Disbursement this Period

311.35

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Country Springs Hotel

Mailing Address PO Box 2269

City Waukesha State WI Zip Code 53187

Purpose of Disbursement
5/27cc: Event room rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57654

Date of Disbursement

04 / 10 / 2009

Amount of Each Disbursement this Period

15.77

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Domain Hosting Services

Mailing Address 900 W Grove Pkwy

City Tempe State AZ Zip Code 85283

Purpose of Disbursement
5/27 cc: Domain hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57671

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

79.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) eDonation.com	Transaction ID: SB21B.57548 Date of Disbursement
Mailing Address 118 North Saint Asaph St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 9</div> </div>
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement credit card processing fee Candidate Name	<div> <div>53.80</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fayze's	Transaction ID: SB21B.57665 Date of Disbursement
Mailing Address 135 S 4th St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div>
City LaCrosse State WI Zip Code 54601	Amount of Each Disbursement this Period
Purpose of Disbursement 5/27cc: staff meal Candidate Name	<div> <div>134.80</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Food Fight	Transaction ID: SB21B.57673 Date of Disbursement
Mailing Address 2002 Atwood Ave, Ste 208	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period
Purpose of Disbursement 5/27 cc: meal for panelist Candidate Name	<div> <div>102.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

53.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
Gaylord National Resort

Mailing Address 201 Waterfront St

City National Harbor State MD Zip Code 20745

Purpose of Disbursement
5/27cc: room rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57658

Date of Disbursement

/ /

Amount of Each Disbursement this Period

242.44

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Google ad words

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

96.75

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Lance Hardeman

Mailing Address 710 Edington Dr.

City Sun Prairie State WI Zip Code 53590

Purpose of Disbursement
Staff outing tickets

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57545

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.00

SUBTOTAL of Disbursements This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Heinzen Printing Inc. Mailing Address P.O. Box 267	Transaction ID: SB21B.57565 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Marshfield State WI Zip Code 54449 Purpose of Disbursement Form printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1858.91</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Hilton Hotel - The Drake Chicago Mailing Address 140 E Walton Pl City Chicago State IL Zip Code 60611 Purpose of Disbursement 5/27cc: Room rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.57656 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>104.58</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Holiday Inn LaCrosse Mailing Address 200 Pearl St City LaCrosse State WI Zip Code 54601 Purpose of Disbursement 5/27cc: staff rooms Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.57667 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>754.32</div> <div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

1858.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
M&I Bank Credit Card Processing Center

Mailing Address PO Box 3052

City Milwaukee State WI Zip Code 53201

Purpose of Disbursement
Credit card payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57608

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

2686.86

B. Full Name (Last, First, Middle Initial)
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57543

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

45.00

C. Full Name (Last, First, Middle Initial)
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57602

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

502.70

SUBTOTAL of Disbursements This Page (optional)

3234.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

B. Full Name (Last, First, Middle Initial)
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57652

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

C. Full Name (Last, First, Middle Initial)
M&I Bank of Southern Wisconsin

Mailing Address P.O. Box 5920

City Madison State WI Zip Code 53705

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57653

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

SUBTOTAL of Disbursements This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.57549 Date of Disbursement																				
Mailing Address P.O. Box 5920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	8		2	0	0	9												
City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card processing fee	<table border="1"> <tr> <td>4</td><td>9</td><td>5</td> </tr> </table>	4	9	5																	
4	9	5																			
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.57550 Date of Disbursement																				
Mailing Address P.O. Box 5920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fee	<table border="1"> <tr> <td>7</td><td>3</td><td>0</td><td>.</td><td>8</td><td>1</td> </tr> </table>	7	3	0	.	8	1														
7	3	0	.	8	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.57650 Date of Disbursement																				
Mailing Address P.O. Box 5920	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Madison State WI Zip Code 53705	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll processing fee	<table border="1"> <tr> <td>1</td><td>5</td><td>.</td><td>9</td><td>5</td> </tr> </table>	1	5	.	9	5															
1	5	.	9	5																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

751.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Madison Club	Transaction ID: SB21B.57603 Date of Disbursement
Mailing Address P.O. Box 408	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 1 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period
Purpose of Disbursement Room rental	<div> <div></div> <div>1084.02</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ryan Mahoney	Transaction ID: SB21B.57597 Date of Disbursement
Mailing Address 7608 Hamilton Spring Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Bethesda State MD Zip Code 20817	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div> <div></div> <div>1095.13</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mount'n Screenery	Transaction ID: SB21B.57567 Date of Disbursement
Mailing Address PO Box 700667	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Oostburg State WI Zip Code 53070	Amount of Each Disbursement this Period
Purpose of Disbursement Shirt printing	<div> <div></div> <div>307.39</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2486.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Papa Johns	Transaction ID: SB21B.57664 Date of Disbursement
Mailing Address 2604 E Washington Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period <div>59.64</div>
Purpose of Disbursement 5/27cc: staff meal Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.57655 Date of Disbursement
Mailing Address #774100, 4100 Solutions Center	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60677-4001	Amount of Each Disbursement this Period <div>19.95</div>
Purpose of Disbursement 5/27cc: credit card processing fee Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Penske Truck Leasing Co.	Transaction ID: SB21B.57569 Date of Disbursement
Mailing Address 14528 South Outer Forty	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Chesterfield State MO Zip Code 63017	Amount of Each Disbursement this Period <div>264.28</div>
Purpose of Disbursement Truck rental Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

264.28

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.57547 Date of Disbursement
Mailing Address PO Box 7005	<div> <div>05</div> <div>07</div> <div>2009</div> </div>
City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
Purpose of Disbursement BRM postage	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.57604 Date of Disbursement
Mailing Address PO Box 7005	<div> <div>05</div> <div>21</div> <div>2009</div> </div>
City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
Purpose of Disbursement Postal fees	<div>585.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PostMaster	Transaction ID: SB21B.57612 Date of Disbursement
Mailing Address PO Box 7005	<div> <div>05</div> <div>27</div> <div>2009</div> </div>
City Madison State WI Zip Code 53707	Amount of Each Disbursement this Period
Purpose of Disbursement BRM postage	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2585.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
RNC

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
5/27cc: Meeting registration fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57657

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
The Champion Group

Mailing Address 6652 Offshore Drive

City Madison State WI Zip Code 53705

Purpose of Disbursement
Political consulting: Opp Research

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57610

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1100.00

C.

Full Name (Last, First, Middle Initial)
Unisource Direct

Mailing Address 925 Harrington Drive

City Madison State WI Zip Code 53718

Purpose of Disbursement
General finance mailing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.57574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4500.00

SUBTOTAL of Disbursements This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.57575 Date of Disbursement																				
Mailing Address 925 Harrington Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City Madison State WI Zip Code 53718	Amount of Each Disbursement this Period																				
Purpose of Disbursement Management fee Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Unisource Direct	Transaction ID: SB21B.57622 Date of Disbursement																				
Mailing Address 925 Harrington Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Madison State WI Zip Code 53718	Amount of Each Disbursement this Period																				
Purpose of Disbursement General finance mailing Candidate Name	<table border="1"> <tr> <td colspan="10">2800.00</td> </tr> </table>	2800.00																			
2800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VIP Transports LLC	Transaction ID: SB21B.57669 Date of Disbursement																				
Mailing Address PO Box 454	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	9												
City Hartland State WI Zip Code 53023	Amount of Each Disbursement this Period																				
Purpose of Disbursement 5/27 cc: Transportation for Natl Chairman Candidate Name	<table border="1"> <tr> <td colspan="10">120.00</td> </tr> </table>	120.00																			
120.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Wisc. Dept of Revenue - Sls Tax

Mailing Address PO Box 93389

City

Milwaukee

State

WI

Zip Code

53293

Purpose of Disbursement

Sales/use tax

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB21B.57611

Date of Disbursement

/ /

Amount of Each Disbursement this Period

375.61

SUBTOTAL of Disbursements This Page (optional)

375.61

TOTAL This Period (last page this line number only)

29969.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
American Funds Service Company

Mailing Address PO Box 6164

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Employee simple IRA

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

711.96

B.

Full Name (Last, First, Middle Initial)
Grant B Anderson

Mailing Address 777 University Ave #1277

City Madison State WI Zip Code 53715

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

114.28

C.

Full Name (Last, First, Middle Initial)
Grant B Anderson

Mailing Address 777 University Ave #1277

City Madison State WI Zip Code 53715

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57626

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.65

SUBTOTAL of Disbursements This Page (optional)

905.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.57587 Date of Disbursement
Mailing Address 250 Femrite Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53716	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>650.31</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.57623 Date of Disbursement
Mailing Address 250 Femrite Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 8 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53716	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>398.07</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.57634 Date of Disbursement
Mailing Address 250 Femrite Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53716	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>111.77</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1160.15

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27		28a		28b		28c		29		x 30b

NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Travis B. Brantmeyer

Mailing Address 8570 Greenway Blvd #209

City State Zip Code
Middleton WI 53562

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.57636

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

667.09

B.

Full Name (Last, First, Middle Initial)

Molly Christianson

Mailing Address 5133 Woodfield Dr.

City State Zip Code
Carmel IN 46033

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.57584

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

536.00

C.

Full Name (Last, First, Middle Initial)

Molly Christianson

Mailing Address 5133 Woodfield Dr.

City State Zip Code
Carmel IN 46033

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.57631

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

193.59

SUBTOTAL of Disbursements This Page (optional)

1396.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Tristan D. Cook	Transaction ID: SB30B.57578 Date of Disbursement
Mailing Address 2623 Pennington Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53711	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>654.17</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Dean Care	Transaction ID: SB30B.57606 Date of Disbursement
Mailing Address PO Box 88610	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City Milwaukee State WI Zip Code 53288	Amount of Each Disbursement this Period
Purpose of Disbursement Health insurance	<div>2635.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Delta Dental	Transaction ID: SB30B.57607 Date of Disbursement
Mailing Address PO Box 828	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City Stevens Point State WI Zip Code 54481	Amount of Each Disbursement this Period
Purpose of Disbursement Dental insurance	<div>477.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3766.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Richard Dickie	Transaction ID: SB30B.57590 Date of Disbursement
Mailing Address 126 North Blair Street #1	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1052.78</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Richard Dickie	Transaction ID: SB30B.57637 Date of Disbursement
Mailing Address 126 North Blair Street #1	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1027.76</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sarah J Duncan	Transaction ID: SB30B.57582 Date of Disbursement
Mailing Address 420 N Carroll St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>69.26</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2149.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Donna Heimbach	Transaction ID: SB30B.57591 Date of Disbursement
Mailing Address 3002 Dianne Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>340.32</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Donna Heimbach	Transaction ID: SB30B.57638 Date of Disbursement
Mailing Address 3002 Dianne Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>510.43</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mark Jefferson	Transaction ID: SB30B.57579 Date of Disbursement
Mailing Address 1678 Cottonville Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Arkdale State WI Zip Code 54613	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>2260.14</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3110.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)

Mark Jefferson

Mailing Address 1678 Cottonville Avenue

City State Zip Code
Arkdale WI 54613

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57627

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2260.13

B.

Full Name (Last, First, Middle Initial)

Juston Johnson

Mailing Address 820 Williamson Street

City State Zip Code
Madison WI 53703

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57580

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1511.98

C.

Full Name (Last, First, Middle Initial)

Juston Johnson

Mailing Address 820 Williamson Street

City State Zip Code
Madison WI 53703

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57628

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1627.80

SUBTOTAL of Disbursements This Page (optional)

5399.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
Brian Kind

Mailing Address 405 Doral Court

City State Zip Code
Waunakee WI 53597

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Brian Kind

Mailing Address 405 Doral Court

City State Zip Code
Waunakee WI 53597

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57629

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Kirsten Kukowski

Mailing Address 109 E Gilman #3

City State Zip Code
Madison WI 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57583

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4797.54

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Kirsten Kukowski	Transaction ID: SB30B.57630 Date of Disbursement																				
Mailing Address 109 E Gilman #3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1397.00</td> </tr> </table>	1397.00																			
1397.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.57592 Date of Disbursement																				
Mailing Address 3157 Muir Field Road #47	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City Madison State WI Zip Code 53719	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">385.72</td> </tr> </table>	385.72																			
385.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Larry Loomis	Transaction ID: SB30B.57639 Date of Disbursement																				
Mailing Address 3157 Muir Field Road #47	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
City Madison State WI Zip Code 53719	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">353.74</td> </tr> </table>	353.74																			
353.74																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2136.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
Rebecca L Luft

Mailing Address 321 Wisconsin Ave #8

City Madison State WI Zip Code 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57585

Date of Disbursement

/ /

Amount of Each Disbursement this Period

410.94

B.

Full Name (Last, First, Middle Initial)
Rebecca L Luft

Mailing Address 321 Wisconsin Ave #8

City Madison State WI Zip Code 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57632

Date of Disbursement

/ /

Amount of Each Disbursement this Period

116.03

C.

Full Name (Last, First, Middle Initial)
Ryan Mahoney

Mailing Address 7608 Hamilton Spring Rd

City Bethesda State MD Zip Code 20817

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1189.28

SUBTOTAL of Disbursements This Page (optional)

1716.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Mo's Restaurants	Transaction ID: SB30B.57675 Date of Disbursement
Mailing Address 710 North Plankinton Ave, Ste 802	<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Milwaukee State WI Zip Code 53203	Amount of Each Disbursement this Period
Purpose of Disbursement 5/27 cc: Meal for panelists Candidate Name	<input type="text" value="400.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.57598 Date of Disbursement
Mailing Address 911 Panorama Tr S	<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll taxes Candidate Name	<input type="text" value="6573.27"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.57599 Date of Disbursement
Mailing Address 911 Panorama Tr S	<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period
Purpose of Disbursement Unemployment taxes Candidate Name	<input type="text" value="110.95"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional)

6684.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.57600 Date of Disbursement
Mailing Address 911 Panorama Tr S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll processing fee	<div>109.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.57647 Date of Disbursement
Mailing Address 911 Panorama Tr S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll tax	<div>6230.57</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.57648 Date of Disbursement
Mailing Address 911 Panorama Tr S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period
Purpose of Disbursement Employment tax	<div>77.44</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6417.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB30B.57649 Date of Disbursement
Mailing Address 911 Panorama Tr S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Rochester State NY Zip Code 14625	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll processing fee Candidate Name	<div> <div>76.51</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Scott Poole	Transaction ID: SB30B.57593 Date of Disbursement
Mailing Address 445 West Gilman #202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 5 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Candidate Name	<div> <div>459.01</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Scott Poole	Transaction ID: SB30B.57642 Date of Disbursement
Mailing Address 445 West Gilman #202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Candidate Name	<div> <div>97.11</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

632.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
Principal Financial Group

Mailing Address PO Box 10372

City State Zip Code
Des Moines IA 50306

Purpose of Disbursement

Life insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57609

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

353.50

B.

Full Name (Last, First, Middle Initial)
Karoline Rezin

Mailing Address 5329 Old Middleton Rd, Apt. 202

City State Zip Code
Madison WI 53705

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57586

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

1424.60

C.

Full Name (Last, First, Middle Initial)
Karoline Rezin

Mailing Address 5329 Old Middleton Rd, Apt. 202

City State Zip Code
Madison WI 53705

Purpose of Disbursement

Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57633

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 9

Amount of Each Disbursement this Period

1178.87

SUBTOTAL of Disbursements This Page (optional)

2956.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
James Sanders

Mailing Address 2015 Sherman Ave #3

City Madison State WI Zip Code 53704

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

316.37

B.

Full Name (Last, First, Middle Initial)
James Sanders

Mailing Address 2015 Sherman Ave #3

City Madison State WI Zip Code 53704

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57643

Date of Disbursement

/ /

Amount of Each Disbursement this Period

333.04

C.

Full Name (Last, First, Middle Initial)
Charles Triller

Mailing Address 609 East Gorham St #14

City Madison State WI Zip Code 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB30B.57595

Date of Disbursement

/ /

Amount of Each Disbursement this Period

526.89

SUBTOTAL of Disbursements This Page (optional)

1176.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Republican Party of Wisconsin

A.

Full Name (Last, First, Middle Initial)
Charles Triller

Mailing Address 609 East Gorham St #14

City Madison State WI Zip Code 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.57644

Date of Disbursement

/ /

Amount of Each Disbursement this Period

343.79

B.

Full Name (Last, First, Middle Initial)
Joshua Wilson

Mailing Address 641 West Main Street

City Madison State WI Zip Code 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.57596

Date of Disbursement

/ /

Amount of Each Disbursement this Period

682.51

C.

Full Name (Last, First, Middle Initial)
Joshua Wilson

Mailing Address 641 West Main Street

City Madison State WI Zip Code 53703

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.57645

Date of Disbursement

/ /

Amount of Each Disbursement this Period

471.31

SUBTOTAL of Disbursements This Page (optional)

1497.61

TOTAL This Period (last page this line number only)

47599.60

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 55 / 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
West Bend Mutual Insurance

Mailing Address

1900 South 18th Ave

City	State	Zip Code
West Bend	WI	53095

Purpose of Disbursement:
Building insurance

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

56725.06

Date

M	M
0	5

 /

D	D
0	5

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57544

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.00

18.00

25.00

B. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address

PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement:
Wireless internet

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

56878.01

Date

M	M
0	5

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57553

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

42.83

110.12

152.95

C. Full Name (Last, First, Middle Initial)
Aristotle International

Mailing Address

50 East Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement:
Software license

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58498.01

Date

M	M
0	5

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57555

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

453.60

1166.40

1620.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

503.43

1294.52

1797.95

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 56 / 60
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
Best Buds LLC

Mailing Address

348 Woodland Circle

City	State	Zip Code
madison	WI	53704

 Purpose of Disbursement:
Snow removal
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58628.01

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: H4.57558

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.40		93.60		130.00

B. Full Name (Last, First, Middle Initial)
Coca-Cola Bottling Company

Mailing Address

PO Box 86

City	State	Zip Code
Minneapolis	MN	55486

 Purpose of Disbursement:
Soda
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58732.44

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: H4.57563

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.24		75.19		104.43

C. Full Name (Last, First, Middle Initial)
Green Valley Disposal

Mailing Address

P.O. Box 473

City	State	Zip Code
Waukegan	WI	53597

 Purpose of Disbursement:
Waste removal
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

58840.19

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: H4.57564

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.17		77.58		107.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.81		246.37		342.18

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 57 / 60

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)

MG&E

Mailing Address

PO Box 1231

City

State

Zip Code

Madison

WI

53701

Purpose of Disbursement:
Energy billCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

59418.15

Date

M M

D D

Y Y

Y Y

0 5

1 5

2 0

0 9

Transaction ID: H4.57566

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

161.83

416.13

577.96

B. Full Name (Last, First, Middle Initial)

Pitney Bowes Credit Corp

Mailing Address

PO Box 85460

City

State

Zip Code

Louisville

KY

40285

Purpose of Disbursement:
Postage for meterCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

62548.41

Date

M M

D D

Y Y

Y Y

0 5

1 5

2 0

0 9

Transaction ID: H4.57570

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

876.47

2253.79

3130.26

C. Full Name (Last, First, Middle Initial)

Pro One Janitorial Inc

Mailing Address

1486 Kenwood Center

City

State

Zip Code

Menasha

WI

54952

Purpose of Disbursement:
Cleaning serviceCategory/
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

63048.41

Date

M M

D D

Y Y

Y Y

0 5

1 5

2 0

0 9

Transaction ID: H4.57571

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

140.00

360.00

500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

1178.30

3029.92

4208.22

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 58 / 60
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
Shadow Fax

Mailing Address

4601 Helfesen Dr

City	State	Zip Code
Madison	WI	53718

 Purpose of Disbursement:
Printer ink
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

63602.29

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: H4.57572

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
155.09		398.79		553.88

B. Full Name (Last, First, Middle Initial)
Tygris Vendor Finance

Mailing Address

Dept #1608

City	State	Zip Code
Denver	CO	80291

 Purpose of Disbursement:
Copier lease
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

64282.00

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: H4.57573

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.32		489.39		679.71

C. Full Name (Last, First, Middle Initial)
Badgerland Chemical & Supply

Mailing Address

PO Box 620303

City	State	Zip Code
Middleton	WI	53562

 Purpose of Disbursement:
Janitorial supplies
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

64466.75

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Transaction ID: H4.57614

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.73		133.02		184.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
397.14		1021.20		1418.34

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 59 / 60
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
 Charter Communications

Mailing Address

135 South LaSalle Street Dept 8123

City	State	Zip Code
Chicago	IL	60674

Purpose of Disbursement:
 Cable TV

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

64534.58

Date

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57615

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

18.99

48.84

67.83

B. Full Name (Last, First, Middle Initial)
 Madison Recharging Service Inc

Mailing Address

2237 Winnebago Street

City	State	Zip Code
Madison	WI	53704

Purpose of Disbursement:
 Fire extinguisher service

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

64562.80

Date

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57618

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.90

20.32

28.22

C. Full Name (Last, First, Middle Initial)
 Office Max

Mailing Address

2420 East Springs Dr

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement:
 Office supplies

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

64784.29

Date

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57619

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

62.02

159.47

221.49

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

88.91

228.63

317.54

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 60 / 60
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial)
Pro One Janitorial Inc

Mailing Address

1486 Kenwood Center

City	State	Zip Code
Menasha	WI	54952

Purpose of Disbursement:
Cleaning service

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

65284.29

Date

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57620

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.00		360.00		500.00

B. Full Name (Last, First, Middle Initial)
Shadow Fax

Mailing Address

4601 Helfesen Dr

City	State	Zip Code
Madison	WI	53718

Purpose of Disbursement:
Printer ink

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

65838.17

Date

M	M
0	5

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.57621

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
149.49		404.39		553.88

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
289.49		764.39		1053.88

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2553.08	6585.03	9138.11